

Arkansas Department of Health  
Cosmetology and Massage Therapy Section  
4815 West Markham, Slot #8  
Little Rock, AR 72205  
Phone: (501) 683-1448 Fax: (501) 682-5640

Qualifications and Instruction for Licensure set forth in ACA §17-86-101 also known as the  
Arkansas Massage Therapy Act;

***License transfer is not available for Minnesota, Vermont or Wyoming***

***Out-of-state Active License Transfer Requirements:***

1. Applicant must be 18 years of age or older;
2. Identification - Valid **Photo ID** – (Driver’s License, State Issued ID Card, Passport, or US Military ID);
3. Social Security Card – A copy of your social security card;
4. Out of State License Verification-An out of state license verification form must be completed and submitted by each State Board or office where you hold an **active** massage therapy license use the following link for form. **License verification must come directly from State Entity in which you are currently licensed.** <https://www.healthy.arkansas.gov/images/uploads/pdf/OOSVerification.pdf>
5. Copy of current license.
6. Application – (attached below)
7. Payment - \$180.00 (non-refundable)
8. Background Checks- Upon receipt of application the Massage Therapy Section will mail background information and instructions to applicant. Background application, fingerprint cards and appropriate fees (MADE PAYABLE TO ARKANSAS STATE POLICE) **MUST BE MAILED DIRECTLY TO THE ADH MASSAGE THERAPY SECTION**, 4815 West Markham, Slot 8, Little Rock, AR 72205. Both Federal and State background check results must be sent directly to the Section from the issuing agency that performed the check.

**THE \$180 NON-REFUNDABLE FEE IS DUE AT THE TIME YOU SUBMIT THE FORM AND THE REQUIRED ATTACHMENTS. THE FEE AND APPLICATION EXPIRE ONE (1) YEAR AFTER APPLICATION DATE.**

**APPLICATION PACKET MUST CONTAIN NUMBERS 2-7 BEFORE BEING SUBMITTED TO THE SECTION; INCOMPLETE PACKETS WILL BE RETURNED TO APPLICANT.**

***Arkansas Massage Therapy Law Exam***

- Once all application materials are received, reviewed and approved, the Massage Section will contact you via e-mail with instruction and link to take the online state law test. A temporary license will be issued permitting therapist to work at the least 90 days while background results are being processed.

***Arkansas Department of Health Massage Therapy Section Non-refundable Application Fees***

- Application Fee \$ 75.00
- License Fee \$ 80.00
- State Law Test \$ 25.00
- Total Fee \$180.00

- Above fees are payable to ADH – Massage Therapy.

***Contact Information***

Arkansas Department of Health – Massage Therapy Section

Mailing Address:

4815 West Markham, Slot #8

Little Rock, AR 72205

Phone: 501-683-1448

Physical Address:

4815 West Markham

Little Rock, AR 72205

website: [www.healthy.arkansas.gov/cos](http://www.healthy.arkansas.gov/cos)

## Application for Licensure

*All applicants for licensure must complete this form and submit it with the appropriate documentation and \$180.00 **NON-REFUNDABLE** application fee. Failure to complete all parts of the application or omission of required documents will delay the review and process of your application. Payment must be made payable to ADH-Massage Therapy. (Personal check, cashier's check or money orders are accepted) **All applications and fees expire one year from application date.***

### Personal Information

*Please Type or Print Legibly*

Name (First, Middle, Last)		Social Security Number	
Date of Birth	Email Address		
Cell Phone	Home Phone	Work Phone or Alternate Phone	
Mailing Address		Suite/Apt	
City	State	Zip	County
Physical Address (If different than Mailing Address)		Suite/Apt	
City	State	Zip	County
<p><b>Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states: "On and after July 1, 1997, all persons, agencies, boards, commissions, or other licensing entities issuing <u>any</u> occupational, professional, or business license pursuant to titles 2-6, 8, 9, 14, 15, 17, 20, 22, 23, and 27 of the Arkansas Code Annotated shall record the name, address, and social security number of each person applying for such a license."</b></p>			

**If you have resided in any State other than Arkansas, please list length of residency and address**  
(Attach additional sheets if necessary)

Previous Address		Suite/Apt		How long at previous address
City	State	Zip	County	
Previous Address		Suite/Apt		How long at previous address
City	State	Zip	County	

### State Information of Active Licensure

State/Department Name		Phone	
Address		Suite/Apt	
City	State	Zip	County

***Affidavit of Applicant with Acknowledgment***

(Notarization required)

**Applicant**

I declare and affirm that the statements made in this application, and any accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notary**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, who personally appeared before me.

\_\_\_\_\_  
Notary Public Signature

(SEAL)

\_\_\_\_\_  
Notary commission expiration date